

U.S. APPL. NO. 524314	INTERNATIONAL APPL. JP2004 602638
APPLICATION FILED BY: 20 MOS.,	
	PCT International Divis
INTERNATIONAL APPLICATION E	APERS IN THE APPLICATION FILE:
International application Article 19 amendments Priority Document(s) No. Request Form PCT/RO/101 PCT/IB/302 PCT/IB/304 PCT/IB/306 PCT/IB/308 PCT/IB/331 OTHER PCT/IB/ PCT/IPEA/409 also 416	409 annexes to IPER PCT/ISA/210 (Search report) Search report References Other Papers filed  WIPO PUBLICATION PUBLICATION NO. WO 2001 07757 PUBLICATION DATE / D 50004 PUBLICATION LANG. TO 8 NOT PUBLISHED U.S. only Requested
RECEIVED FROM THE APPLICAN  National application basic fee paid  Express Processing Requested  Translation of the International Application  Used the IB copy of the IA  Description  Claims  Forwings  Foreign Language in drawing  Article 19 Amendments  Amendment used in application  Article 34 Amendment  Amendment used in application  DNA  1194 transaction done	Preliminary Amendment(s) filed 09/100 \ second submission
35 USC Receipt of Request (PTO Date Acceptable oath/declaration reduced Date Date Complete 35 USC 371 require DATE	eceived
DO/EO 903 Notice of Acceptan	ce S-J-05
DO/EO 905 Notice of Missing I	Requirements
DO/EO 917 Notice of A defecti	ve oath or declaration
DO/EO 916 Notice of defective	
DO/EO 913 Notice of defective	
DO/EO 909 Notification of Ab	and on ment $4 - 03 - 05$

## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PAT	ENT FEE REFU	JND			
1 Date of Request:	2 Serial/Pa	tent	11 574:	314	
3 Please refund the following fee(s	4 PAI NUM	PER IBER	5 DATE FILED	6 AMOUNT	
Filing				\$	
Amendment				\$	
Extension of Time				\$	
Notice of Appeal/Appeal				\$	
Petition				\$	
Issue				\$	
Cert of Correction/Terminal Disc.				\$	
Maintenance				\$	
Assignment				\$	
Other				\$	
		7 TOTAL AMOUNT OF REFUND \$			
		8 TO BE REFUNDED BY:			
10 REASON:		Refreasury Check 87/87/2005 8836823256			
Overpayment		-6	redit Depo	osit A/C-#:	
Duplicate Payment		9	colt Card Refund )	otal: \$100.00	
No Fee Due (Explanation):		His Exp. • XXXXXXXXXXXXXAAAA			
		-			
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME:		ı	CITLE:		
SIGNATURE:		1	PHONE:		
OFFICE:	******				
THIS SPACE RESERVED FOR FINANCE U					
APPROVED:		02 E:	FC:1632	-500.00 OP	
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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